

Patient Social Media Release Form

Fara Bender DMD, PA would like your permission to take images and videos of your child/children to use on our Facebook page, Instagram, and displayed on our electronic bulletin board in the office.

Please indicate below whether you consent to the use of your child/children's picture/pictures.

Yes, I give permission for my child's/children's photograph/video to be featured on our social media platforms.

No, I do not give permission for my child's/children's photograph/video to be featured on our social media platforms.

I understand that once the photograph(s) or digital image(s) have been released, Fara Bender, DMD, PA and staff may no longer have control over them, and federal or state privacy laws may no longer protect the information that was released.

I may cancel this authorization to the extent allowed by law. If I do, I understand that the doctor or practice may have already used my photograph(s) or digital image(s) prior to me canceling this authorization, which would not prohibit any release done prior to the date of cancelation.

To cancel this agreement, I must write a letter to the doctor or practice advising of my wish to cancel my authorization to release photograph(s) or digital image(s) taken of me by this practice. I (or my authorized representative) must sign and date the letter.

Signature: _____ Date: _____